

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/937122

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	2	/	/	/		
4	0	/	/	/		
5	0	/	/	/		
6	0	/	/	/		
7	0	/	/	/		
8	0	/	/	/		
9	0	/	/	/		
10	0	/	/	/		
11	/	/	/	/		
12	/	/	/	/		
13	2	/	/	/		
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TOTAL IND.	2		2			
TOTAL DEP.	13		11			
TOTAL CLAIMS	15		13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS